

## REQUEST FOR SECURITY CLEARANCE

**INSTRUCTIONS:** This form is to be prepared and submitted for each security clearance requested as required under Department Administrative Order 207-4.

DATE

It is requested that eligibility be granted for access to information and material classified up to and including:

(Check one)

☐

SECRET

☐

TOP SECRET

STATUS

☐

APPLICANT

☐

CONTRACTOR

☐

EMPLOYEE

☐

CMTE MEMBER

NAME

POSITION

SERIES

SOCIAL SECURITY NO.

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DATE OF BIRTH

GRADE

JUSTIFICATION

POSITION SENSITIVITY

REQUESTED BY (Signature)  
(SUPERVISOR)

DATE

TYPED OR PRINTED NAME AND TITLE

CONCURRENCE (Signature)  
(SECURITY OFFICER)

DATE

TYPED OR PRINTED NAME AND TITLE